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APPLICATION FOR RECORDS RETENTION SCHEDULEOFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 West Peachtree St. N.W. Atlanta, Georgia 30309 ALTERNATIVE HEALTH SERVICES PROJECT	Application Number 78-272	
Application Number		Date Received SEP 22 1978	Date Completed NOV 28 1978
2. Person to Contact Peter D'Alema and George Lane		Working Title Fiscal Analyst	Telephone Number 894-4836
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest 7/76 3/81		5. Records Series Title (followed by title used in office, if different) ALTERNATIVE HEALTH SERVICES PAYMENT FILE	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Alternative Health Services is a Federally funded research project designed to demonstrate the cost and effectiveness of keeping elderly persons in their own homes and offering them services such as home-makers, day rehabilitation, or visiting nurses as an alternative to premature nursing home institutionalization. This is accomplished by evaluating and assessing information given by Medicaid recipients, who have volunteered to be research subjects, in an effort to ascertain whether offering special project services under Medicaid would be beneficial to the State of Georgia and its elderly population.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Maintaining Records of expenses incurred by Medicaid Recipients for services provided by the Alternative Health Services Project. Included but not limited to are: DMA/AHS-192, DMA/AHS-193, DMA/AHS-197, DMA/AHS-198, DMA/AHS-199, DMA/AHS-200, DMA/AHS-201, DMA/AHS-202, DMA/AHS-203, DMA/AHS-204, DMA/AHS-205. Provider's Request for Authorization of services; and related correspondence File is arranged: alphabetically by client			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>60</u> ; Seven to twelve months old <u>60</u> ; Thirteen to twenty-four months old <u>60</u> ; twenty-five months and older <u>30</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____ 5- 42" lateral drawers			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 45CFR 205.50 Safeguarding info for the financial assist. & social svces programs Ga. Code
	X	c. Is this a vital record? 99-210
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy, end of project summary and annual reports
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	3	years.	d. Audit period	3	years.
b. Statute of limitation	-	years.	e. Administrative need	4	years.
c. Federal law	3	years.	f. Federal retention instructions	-	years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

SEE ATTACHED SHEET FOR RETENTION REQUIREMENTS

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other See below then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Cut off files at end of each fiscal year; hold in current files area 1 year; then transfer to State Records Center; hold until March 31, 1985; then destroy.

(Note: This research project is scheduled for completion March 31, 1981. These files will not be destroyed until resolution of all audit questions.)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Tap M. Carr</i>	9-18-78	<i>Paul T. Murphy</i>	9/15/78
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	11-22-78
		Secretary of State/Designee	11-17-78
		Attorney General/Designee	11-27-78